

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/27/2011
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155072 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R-C 10/24/2011 | |
| NAME OF PROVIDER OR SUPPLIER BEECH GROVE MEADOWS | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2002 ALBANY ST BEECH GROVE, IN 46107 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| {F 000} | <p>INITIAL COMMENTS</p> <p>This visit was for the Post Survey Revisit (PSR) to the Investigation of complaint IN00097362 completed on 9/26/11.</p> <p>This visit was in conjunction with the PSR to the investigation of complaints IN00095190 and IN00095409 completed on 9/9/11.</p> <p>This visit was in conjunction with the PSR to the PSR 9/9/11 to the Recertification and State Licensure Survey and the PSR to the PSR to Complaint IN00094221 Completed on 8/1/11.</p> <p>Complaint IN00097362----corrected</p> <p>Survey date: October 24th, 2011</p> <p>Facility number: 000029 Provider number: 155072 AIM number: 100275200</p> <p>Survey Team: Leia Alley, RN, TC Courtney Mujic, RN Beth Walsh, RN</p> <p>Census bed type: SNF/NF: 115 Residential: 13 Total: 128</p> <p>Census payor type: Medicare: 19 Medicaid: 67 Other: 42 Total: 128</p> <p>Sample: 14</p> | | | {F 000} | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| {F 000} | <p>Continued From page 1</p> <p>Beech Grove Meadows was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2 In regard to the PSR to the Investigation of Complaint number IN00097362.</p> <p>Quality review completed 10/26/11 Cathy Emswiller RN</p> | | | {F 000} | | | |